500 SOUTH OAKWOOD ROAD

OSHKOSH 54904 Phone: (920) 223-3010	1	Ownershi p:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	15	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	15	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/01:	10	Average Daily Census:	10

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	100. 0 0. 0
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	20. 0	More Than 4 Years	0. 0
Day Servi ces	No	Mental Illness (Org./Psy)	0.0	65 - 74	20. 0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	20.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	40.0	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10.0	65 & 0ver	80. 0		
Transportation	No	Cerebrovascul ar	0.0	[']		RNs	78. 9
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	0. 0
Other Services	No	Respi ratory	20. 0		·	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	70. 0	Male	20.0	Ai des, & Orderlies	42. 4
Mentally Ill	No			Femal e	80.0		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			dicaid tle 19			0ther		P	ri vate Pay	;		amily Care		1	Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	1	12. 5	309	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	10. 0
Skilled Care	7	87. 5	313	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	100.0	531	9	90.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		2	100.0		10	100. 0

MERCY MEDICAL CENTER SUBACUTE

Nursing Care Required (Mean)*

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Deaths During Reporting Period	I				, beivices, a		, O1, O1
beachs builing kepoteting terror	•	ı'		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	0. 0	Daily Living (ADL)	Independent		r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 3	Bathi ng `	20. 0		80. 0	0. 0	10
Other Nursing Homes	0. 3	Dressi ng	20. 0		80. 0	0. 0	10
Acute Care Hospitals	97. 3	Transferri ng	10. 0		90. 0	0. 0	10
Psych. HospMR/DD Facilities	1. 3	Toilet Use	10. 0		90. 0	0. 0	10
Reȟabilitation Hospitals	0.0	Eati ng	90. 0		10. 0	0. 0	10
Other Locations	0.8	**************	******	******	*********	*******	******
Total Number of Admissions	373	Conti nence		%	Special Treatme	nts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	10. 0	Receiving Res	pi ratory Care	70. 0
Private Home/No Home Health	34.0	Occ/Freq. Incontinent	t of Bladder	20. 0	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	31.0	Occ/Freq. Incontinent	t of Bowel	10. 0	Receiving Suc	ti oni ng	0. 0
Other Nursing Homes	16. 8	-			Receiving Ost	omy Care	0. 0
Acute Care Hospitals	9. 1	Mobility			Recei vi ng Tub	e Feeding	0. 0
Psych. HospMR/DD Facilities	0.3	Physically Restrained	d	10. 0	Receiving Mec	hanically Altered Diets	s 30.0
Rehabilitation Hospitals	0.0					-	
Other Locations	6. 7	Skin Care			Other Resident	Characteri sti cs	
Deaths	2. 1	With Pressure Sores		0. 0	Have Advance	Di recti ves	60. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	374				Receiving Psy	choactive Drugs	50. 0

Other Hospital-This Facility Based Facilities Facilties % % Ratio % Ratio Occupancy Rate: Average Daily Census/Licensed Beds 66. 7 88. 1 0. 76 84.6 0.79 Current Residents from In-County 90.0 83.9 1.07 77.0 1.17 Admissions from In-County, Still Residing 2.4 14.8 20.8 0.12 0. 16 Admissions/Average Daily Census 3730.0 202.6 18.41 128. 9 28. 93 Discharges/Average Daily Census 3740.0 203. 2 18.41 130.0 28. 76 Discharges To Private Residence/Average Daily Census 2430.0 106. 2 22.88 52. 8 46.06 Residents Receiving Skilled Care 100.0 92. 9 1.08 **85**. 3 1. 17 Residents Aged 65 and Older 80.0 91. 2 0.88 87. 5 0.91 Title 19 (Medicaid) Funded Residents 0.0 66. 3 0.00 68. 7 0.00 Private Pay Funded Residents 0.0 22. 9 0.00 22.0 0.00 Developmentally Disabled Residents 0.0 1.6 0.00 7. 6 0.00 Mentally Ill Residents 0.0 31. 3 0.00 33.8 0.00 General Medical Service Residents 70.0 20.4 3.43 19. 4 3.61 Impaired ADL (Mean)* 49. 9 0.76 49.3 38. 0 0.77 53. 6 Psychological Problems **50.0** 0.93 51.9 0.96

12.5

7. 9

1.58

7.3

1.70